# **Impact of an alternative ordering method on medication adherence** and persistence among patients at a large mail-order specialty pharmacy

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### Background

Each year, nonadherence can account for up to 50% of treatment failures, 125,000 deaths, and up to 25% of hospitalizations in the U.S.<sup>1</sup> Alternative prescription ordering methods in a community pharmacy setting have shown to be a favorable intervention to improve patient adherence without adding to medication oversupply.<sup>2</sup> Limited data exists on the impact of alternative prescription ordering methods in a specialty pharmacy on patient medication adherence and persistence. Optum launched an alternative order method called Schedule My Fill (SMF) that allows patients who have been on therapy for 3+ months and are engaged in our Clinical Management Program (CMP) to set up their refills for the rest of the year.

The purpose of this study is to evaluate the impact of Schedule My Fill (SMF), on oncology, multiple sclerosis (MS) and autoimmune (AI) patients versus those using traditional order methods.

#### Endpoints

Primary endpoint: Proportion of days covered (PDC), gap days, days on therapy (DOT), persistence curve (over 6 fills).

**Secondary endpoint:** Patient satisfaction on ease of use of SMF program (participant group only).

#### Methods

**Study design:** Single-center, retrospective cohort study at Optum Specialty Pharmacy Inclusion criteria: Patients receiving an oncology, MS, or AI medication and enrolled in CMP and SMF program for 6 consecutive months

**Exclusion criteria:** Patients who opted out of SMF or were unenrolled due to disengagement with CMP within the first 6 months of initial enrollment, or patients with Medicaid insurance **Data source:** Data was collected from the pharmacy prescription processing system Study time frame: Unique 6-month period per patient from April 2023-December 2023 depending on when patient was eligible for SMF

Statistical analysis: Propensity score match (PSM), Wilcoxon signed rank test or chi-square test except persistency which used log rank. Alpha was set at 0.05 with a p value of <0.05 considered significant.

#### Results

#### Table 1. PDC, DOT, and total gap days for all disease states

Autoimmune		
Outcomes (median)	Control (N=427)	Participant (N=427)
PDC, %*	96.6	100
DOT, days*	191	189
Total gap day (per pt), days*	6	0
Multiple sclerosis		
Outcomes (median)	Control (N=314)	Participant (N=314)
PDC, %	96.7	100
DOT, days	194	189
Total gap day (per pt), days	6.5	0
Oncology		
Outcomes (median)	Control (N=160)	Participant (N=160)
PDC, %	96.7	100
DOT, days	192	182
Total gap day (per pt), days	6	0
*P-value < 0.001		

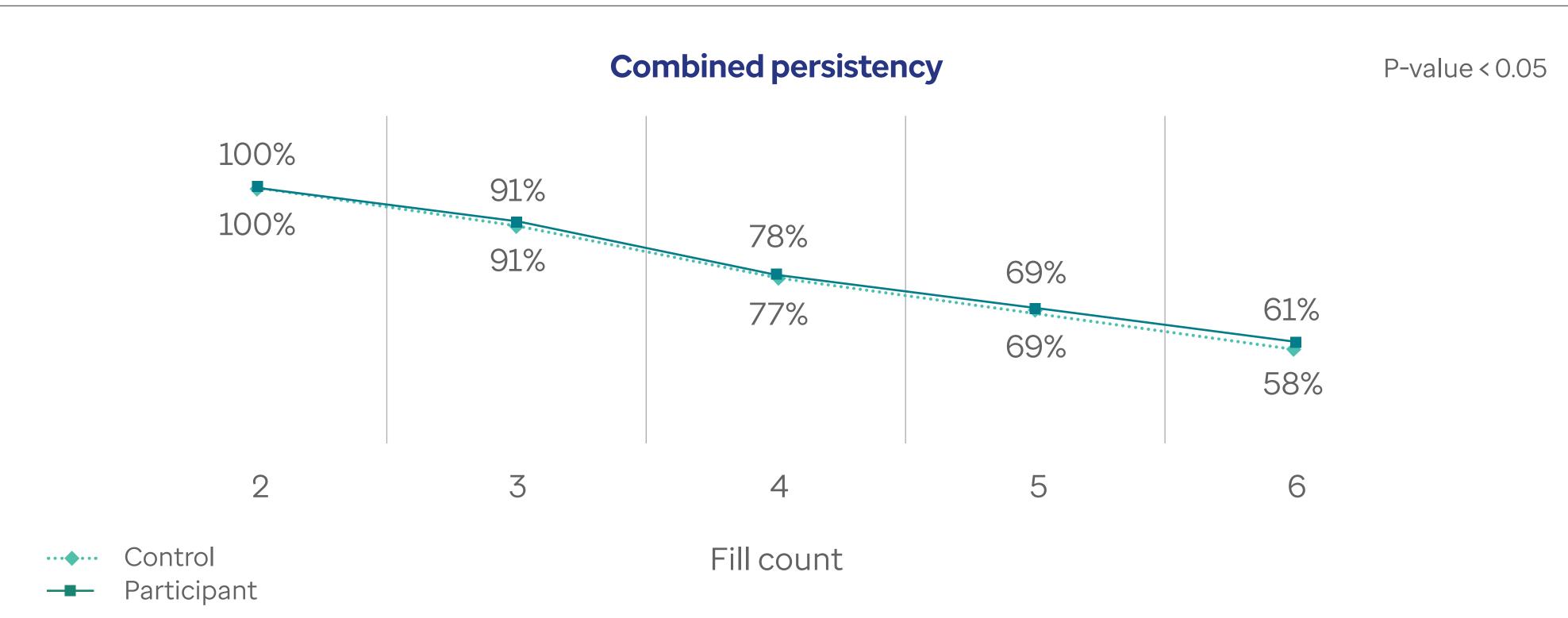
\*P-value < 0.001

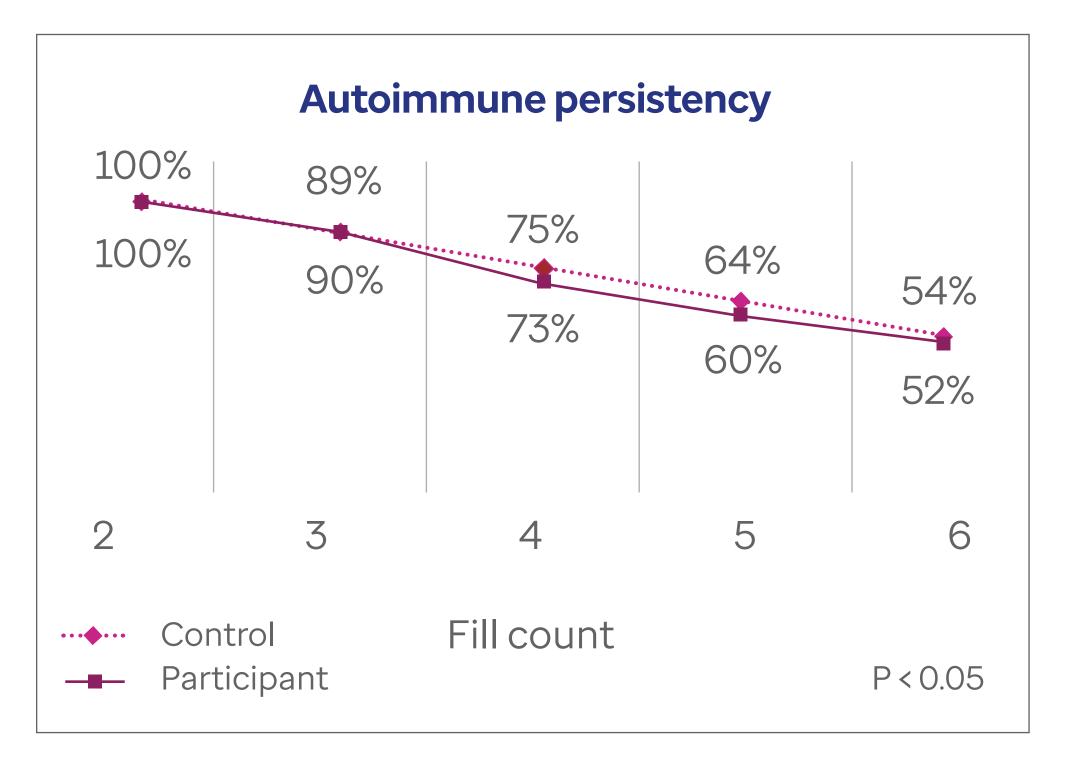
#### Table 2. PDC, DOT, and total gap days for all disease states

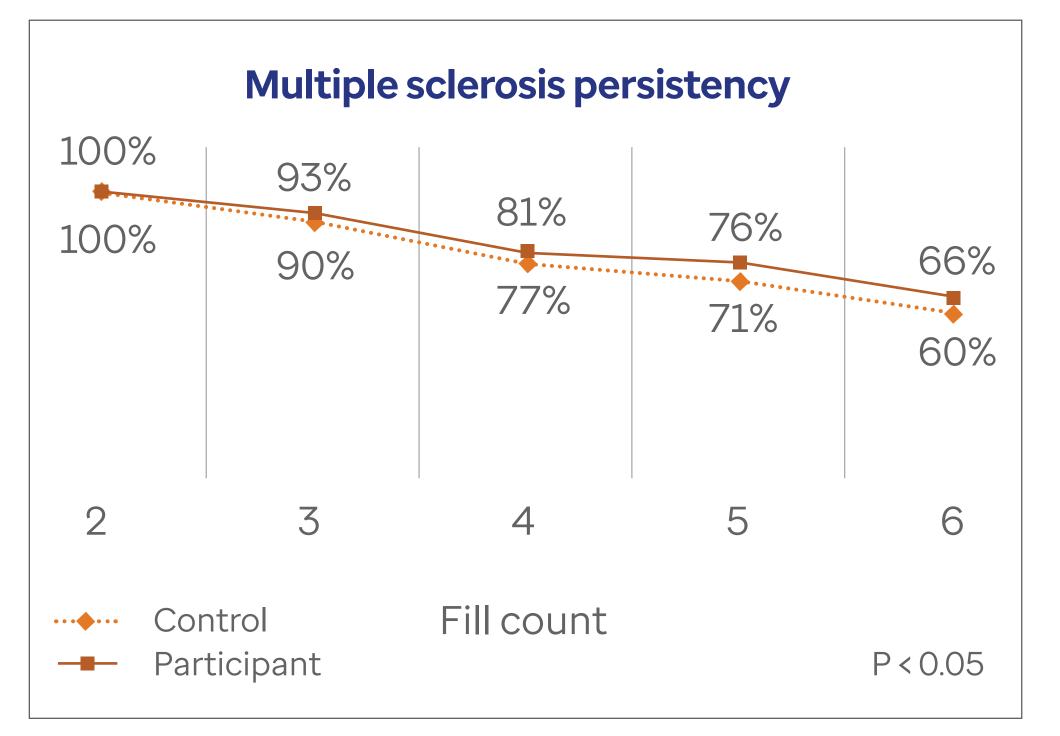
Combined			
Outcomes (median)	Control (N=901)	Participant (N=901)	
PDC, %*	96.7	100	
DOT, days*	192	188	
Total gap day (per pt), days*	6	0	

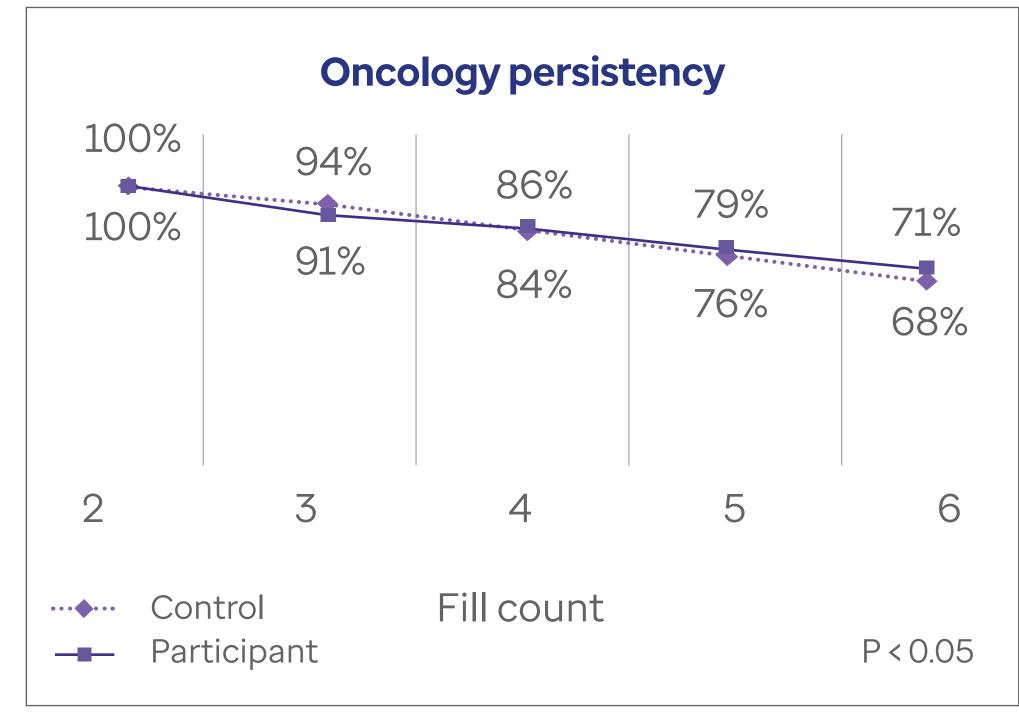
\*P-value < 0.001

#### Figure 1. Persistency curves for all disease states









#### Table 3. Patient ease of use rating

#### Participant ease of use rat

- 9-10 (very satisfied)
- 7-8 (satisfied)
- 0-6 (not satisfied)
- No response

## Discussion

- Almost 80% of participants were satisfied with SMF program 'ease of use'

## Strengths

Large sample size and adequately powered to 80%

#### Limitations

- Focused only on oncology, MS and AI disease states
- during the study time frame

#### Next steps

Continue to provide clinician support and advocacy for enrollment into the SMF program

#### References

1. Kim J, Combs K, Downs J, Tillman III F. Medication Adherence: The Elephant in the Room. US Pharm. 2018;43(1):30-34 2. Matlin OS, Kymes SM, Averbukh A, et al. Community Pharmacy Automatic Refill Program Improves Adherence to Maintenance Therapy and Reduces Wasted Medication. Am J Manag Care. 2015;21(11):785-791

#### **Disclosures/contact**

Authors of this presentation have the following to disclose: Nothing to disclose

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ating (N=1,153)		
	792 (68.7%)	
	116 (10.1%)	
	158 (13.7%)	
	87 (7.55%)	

• Significantly higher adherence with higher PDC and less total gap days for participants in all conditions • DOT was statistically significant for the control group but may be falsely elevated due to having more gap days and extending out the last fill date making it look like patient's were on therapy longer • Significantly more patients on therapy after 6 fills for participants in all conditions

• Short study duration (6 months) may not provide adequate time for persistence results to be revealed • Did not account for patients who were not consistently enrolled or unenrolled in the SMF program

